

Letters

CMAJ publishes as many letters from our readers as possible. However, since space is limited, choices have to be made, on the basis of content and style. Letters that are clear, concise and convenient to edit (no longer than two double-spaced typescript pages, or 450 words) are more likely to be accepted. Those that are single-spaced, handwritten or longer than 450 words will usually be returned or not published. We reserve the right to edit letters for clarity and to abridge those that are unduly long or repeat points made in other letters, especially in the same issue.

Capital punishment and organ retrieval

Although I am neutral on capital punishment, an insoluble controversy, I believe that if humans are to be executed they should be permitted to partake of real retribution through a transfer of undeniable value: organs for transplantation.

Personal autonomy, which is highly touted, should apply to physicians too. Each should be free to refuse to perform lethal injections; that is moral. However, it is immoral for a physician to impede the will or action of colleagues who consider it their moral and professional duty to perform such injections. The latter, like abortionists, are killers, but neither group are murderers, which makes all the difference objectively.

Furthermore, the Canadian section of Amnesty International's Medical Network, which recently proclaimed that it is opposed to the death penalty and that "the participation of physicians . . . in executions is a violation of their professional ethics" (*Can Med Assoc J* 1987; 136: 623), is defenceless in the face of the fact that there is no killing at all if a surgeon removes one kidney and one lung from a condemned convict. The surgeon

can turn away with these two priceless organs while a lay executioner causes death with a lethal injection. If instead of saving only two moribund patients the surgeon could take both kidneys, both lungs, the liver and the heart and thus save six patients, by screaming "Killer!" the Amnesty cohort would expose their hypocrisy in conveniently "forgetting" that surgeons do the same thing now when taking hearts and lungs from clinically brain-dead, innocent donors. Which is closer to murder: killing when the law mandates or killing at the surgeon's whim? There is no rational or defensible argument against taking one kidney and one lung from a willing convict condemned to execution.

This letter may not influence the debate in Canada on capital punishment, but it could kindle a bit of concern in the United States, where humans are being destroyed by law, and many patients are dying with them, and where access to a proper medical forum is blocked by a blasé and, on this issue at least, a socially criminal profession.

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[More recent items in CMAJ on capital punishment are the first

"Newsbrief" in the May 15 issue (page 1083) and the articles in the June 1 issue by Dr. Donald Payne (pages 1208 and 1209) and member of Parliament Bill Domm (pages 1210 and 1212). — Ed.]

The "Eve" decision: "It may turn out to be a meek authority indeed"

The Committee on Ethics of the CMA is concerned that the opinion of Mr. Justice David Marshall expressed in this article (*Can Med Assoc J* 1987; 136: 650-651) is over optimistic and possibly misleading to the physicians of Canada.

Our committee has studied the issue of sterilization of the mentally retarded over the past several years and has published comments on the subject (*Can Med Assoc J* 1986; 134: 1390-1391 and 1987; 136: 650). Professor Bernard Dickens, a consultant to the committee, has written an article on this matter for the next issue of CMAJ; we advise the members of the profession to read his opinion.

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